

Income From:	Applicant	Spouse	Person 1	Person 2	Person 3	Person 4	
Wages	\$	\$	\$	\$	\$	\$	
Unemployment Compensation	\$	\$	\$	\$	\$	\$	
Social Security	\$	\$	\$	\$	\$	\$	
Railroad Retirement	\$	\$	\$	\$	\$	\$	
Veteran's Benefits	\$	\$	\$	\$	\$	\$	
Pensions	\$	\$	\$	\$	\$	\$	
Interest	\$	\$	\$	\$	\$	\$	
Dividends	\$	\$	\$	\$	\$	\$	
Rental Income	\$	\$	\$	\$	\$	\$	
Fuel Assistance	\$	\$	\$	\$	\$	\$	
Food Stamps	\$	\$	\$	\$	\$	\$	
Other: _____	\$	\$	\$	\$	\$	\$	
Other: _____	\$	\$	\$	\$	\$	\$	
<b>Total Income:</b>	\$	\$	\$	\$	\$	\$	\$
							GRAND TOTAL

**4. ASSETS - BALANCES OF ACCOUNTS OR VALUES OF ASSETS ON DECEMBER 31, 2012**

	Applicant	Spouse	<b>Please Attach Copies of Proof of Income and Proof of Bank Accounts.</b>
Checking Accounts	\$	\$	
Savings Accounts	\$	\$	
CD's	\$	\$	
Cash Value of Life Insurance	\$	\$	Address of other Real Estate:
Stocks	\$	\$	
Bonds	\$	\$	
IRA's/401k's/Annuities	\$	\$	
Other Real Estate	\$	\$	<b>GRAND TOTAL</b>
Other: _____	\$	\$	
<b>TOTAL ASSETS:</b>	\$	\$	\$

**OTHER ASSETS: Auto, Boat, Camper and similar**

Type	Year	Make	Model	Type	Year	Make	Model
Vehicle 1				Vehicle 7			
Vehicle 2				Boat/RV			
Vehicle 3				Boat/RV			
Vehicle 4				Trailer/Camper			
Vehicle 5				Trailer/Camper			
Vehicle 6				Other			

**5. AFFIDAVIT**

In order for your application to be processed, you must complete all sections of this application and sign on the applicant signature line. The Exemption is granted on an annual basis and a new application must be filed each year. Please be advised that submission of an incomplete application may result in your application being denied. The information you provide is confidential and not open for public inspection.

I hereby request real estate tax relief and certify that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that any person falsely requesting tax relief shall be guilty of a Class 3 misdemeanor (NN § 40-54). I agree to notify the Office of the Commissioner of the Revenue immediately if any changes occur in respect to my income, financial worth, or ownership of the property.

I authorize the Commissioner of the Revenue to obtain any verification necessary to both determine and review financial assistance eligibility. This authorizes release of information to the Commissioner of the Revenue's Office.

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 Signature

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 Date

# YOU MUST SUPPLY PROOF OF INCOME